

**HANDBOOK ON PSYCHOLOGY INTERNSHIP  
TRAINING**

**MIAMI-DADE COUNTY  
DEPARTMENT OF HUMAN SERVICES  
OFFICE OF YOUTH  
AND FAMILY DEVELOPMENT**

**PSYCHOLOGICAL SERVICES DIVISION**

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**ACCREDITED BY THE AMERICAN PSYCHOLOGICAL ASSOCIATION**

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## **OVERVIEW**

**The Department of Human Services encourages psychology intern applicants to consider their final year of predoctoral training with our agency. We have had a long-standing, committed belief that the training of interns and students of psychology, social work, and other disciplines is one of its professional responsibilities. The goals of training encompass the development of skilled community service providers and the advancement of excellence in service delivery. Our psychology training program is dedicated to providing outstanding preparation for psychologists embarking upon professional careers.**

**We welcome the stimulation our interns and students provide which continues to sharpen our preparedness and articulation of the principles by which we practice.**

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## **INTRODUCTION AND OFFICE SERVICES**

The Office of Youth and Family Development is one of four service entities in Miami-Dade County's Department of Human Services. It originated in 1967 as an institution-based agency providing services to adjudicated delinquent and dependent youth and their families. The Office has evolved over its 30 years of existence into a community-based network of services charged with the mission "...to intervene early with troubled children and families in order to prevent an increase in or repeat of social and psychological problems, and to offer an alternative service resource to youth involved in the juvenile justice system. Emphasis is on working with the whole family and providing short-term targeted services focusing on early intervention and family preservation." The Office is accredited by the Council on Accreditation of Services for Families and Children, Inc.; and is a member of the Child Welfare League of America, and the Association of Psychology Postdoctoral and Internship Centers. The quality and effectiveness of the Office's services have been recognized over the years through grants from the Federal Department of Health and Human Services, Law Enforcement Assistance Agency, Office of Juvenile Justice and Delinquency Prevention, Florida State Department of Health and Rehabilitative Services, the Mott Foundation, and the Annie E. Casey Foundation; and through receipt of awards from the American Public Welfare Association, Child Welfare League of America, National Association of Neighborhoods, Southeast Regional Center for Drug Free Schools and Communities, American Humane Association, Florida Alcohol and Drug Abuse Association, Private Industry Council, Dade Partners, the National Association of Counties, Dade-Monroe Mental Health Board and the Quality Instruction Incentives Program for Special Centers (Miami-Dade County Public Schools).

The Office takes a multi-disciplinary approach to serving the community with an emphasis on addressing the needs of children and families. The service delivery staff consists of psychologists, master and bachelor level social workers, and paraprofessionals. Psychiatric services are provided through contract with the University of Miami. Interns and graduate

students obtain practical experience under the supervision of Office professionals from the appropriate fields of study.

The FY 2001-2002 budgetary allocation from general government revenue funds (ad valorem taxes) to support the Office is \$8,200,000. In addition, the Office also receives over \$5,530,000 funding from Federal agencies, and \$674,000 from State agencies to provide services to children who are at high risk of out-of-home placement and to youngsters who are potentially divertible from delinquent or criminal behaviors. Over \$750,000 in revenue is also generated by providing Medicaid reimbursable services through day treatment programs to Severely Emotionally Disturbed (SED) children, adolescents and young adults. Additionally, \$1,091,000 is provided through other miscellaneous services. The present Office work force consists of 223 employees (with an additional 56 full-time and 11 part-time Miami-Dade County Public Schools staff assigned to the day treatment programs).

The services of the Office of Youth and Family Development are provided through three divisions: the Psychological Services Division, the Division of Family Preservation/Family Support Services, and the Division of Delinquency Prevention Services.

The **Psychological Services Division** provides comprehensive services to Severely Emotionally Disturbed children, adolescents, young adults, and their families through five day treatment programs. Psychology interns are placed in these day treatment programs, but can have the opportunity to meet staff and familiarize themselves with the other Office programs.

The **Division of Family Preservation/Family Support Services** has as its goal to keep families together and prevent children from being removed from their homes. Resources are marshaled to assure that the family unit is strengthened and preserved. Interventions include: home-based services; twenty four hour staff availability; individual, family, and group counseling; homemaker/parent aides services to assist families to provide better child care and household management; emergency availability of flexible financial assistance; training in parenting development skills; nutrition; medical, psychological, and psychiatric evaluations as needed; and referrals to appropriate community services.

The Division's **Community Outreach Services Program** is responsible for providing case management services to recipients of Child Development Services through nine neighborhood-based locations. This Program assesses approximately 12,000 families per year. The case management activities help clients meet basic needs in the areas of health care, housing, education, and transportation. The case manager assesses needs, creates an action plan, arranges for services and ensures that services are delivered. Self-Esteem and Parent Support groups are facilitated at the Carver and Homestead YMCA.

The Division's **Family and Victims' Services** provides treatment for family violence in its Domestic Intervention and Family Services Programs. Services provided include: Information and Referral, Advocacy, Psychosocial Assessments, Individual, Group, Couples, and Family Therapy, Court Liaison Services to Juvenile, Civil, and Criminal Court, Field Placement for Graduate Students, Professional Consultation and Training, and Public Education. The Advocates for Victims Program (AVP) provides safe short-term shelter for female victims of domestic violence and their children.

The **Delinquency Prevention Services Division** (DPS) represents a comprehensive continuum of diversion programming serving first-time felony and misdemeanor juvenile offenders in Miami-Dade County, Florida. An alternative to traditional judicial processing, DPS provides diversion coordination, assessment, victim-offender mediation, restitution, community service, mentoring, counseling, educational/vocational interventions, and access to a broad network of human services.

## **TRAINING**

It is the general philosophy of the Office of Youth and Family Development that its services should be designed primarily to address the needs of families, youth, and children residing in Miami-Dade County within the context of a community-based, outreach model. However, the manner through which the Office implements this philosophy is flexibly structured within a given division or program unit. It is among the goals of the Office to promote training and research for students and interns in the areas of community outreach, prevention and intervention, family preservation, juvenile delinquency prevention, assessment, juvenile diversion, and day treatment.

The Office has encouraged practicum and field placements of students in psychology, social work, and education since its early beginnings in 1967, and internship training in psychology since 1981. Training arrangements have existed with a variety of the educational institutions and treatment facilities in the Metropolitan Dade County area for over 30 years.

Some of Florida's prominent universities are also located in the area and student placements have been typically made from: Nova Southeastern University, the University of Miami, Barry University, Florida Atlantic University, Florida Institute of Technology, Florida International University, and Carlos Albizu University.

Extensive service and training networking, and multiagency collaboration also occurs with other public and private mental health facilities. The interns, graduate students, and staff benefit from diverse opportunities to attend lectures and workshops in these and other facilities. These opportunities have been, for example, in the areas of family and marital therapy; forensic interventions; assessment and management of family violence; sexual, physical, and drug abuse; suicide; alcohol misuse; and minority issues in mental health. Networking is also aimed at supporting efforts devoted to treating the family as a unit, crisis intervention, and psychotherapy with youth and adults.

As a training program nested in a multi-racial, multi-ethnic, multi-lingual community, special opportunities are afforded to the student. Cross-cultural interchange occurs naturally given the diverse generations of African-Americans, Hispanics, Haitians and other contingents of the community. The City of Miami, with urban and inner-city problems, allows for the creative application of psychology and social work to the problems related to the City's social and cultural development.

A considerable amount of library resources are available in the main Miami-Dade County Public Library. Interns may have limited access to university facilities in the area, but the Office's professional collection provides a wide variety of multi-disciplinary, and specialized materials for students' professional growth. Video training materials, journals, and books cover psychology and social work areas.

Although there are many student positions throughout the Office, there are currently six funded training positions for psychology interns. The Office is also invested in providing post-doctoral residency opportunities, and there is a history of hiring former interns as staff Clinical Psychologists.



## **INTERNSHIP SITES**

All psychology interns are placed in day treatment programs in the Psychological Services Division. This Division has an overall family treatment and interdisciplinary focus and services are principally offered in five day treatment programs to families, children, adolescents, and young adults. The programs provide conjoint psychological and psycho-educational services and serve clients, ages 5 to 22, who are Severely Emotionally Disturbed (SED). The SED classification is a Department of Education nosological term which underpins the delivery of specialized treatment services for a variety of disorders, which typically include: the schizophrenia, bipolar disorders, psychotic depression, pervasive developmental disorders, and ADHD, etc. The majority of the clients referred to the programs have had serious difficulties in home, school, and community settings, often being directly referred from specialized SED programs or hospitals.

The five day treatment programs for SED clients are: the **Family and Children's Development Center**, the **Family and Adolescent Development Center**, the **Specialized Development Center-South**, **Specialized Development Center-North**, and the **Early Intervention Development Center**. The Development Centers are co-funded by Miami-Dade County Government and the Miami-Dade County Public Schools. The Miami-Dade Office of Youth and Family Development provides the day-to-day administrative and clinical components, and the physical facilities; and the Public Schools provide the psycho-educational elements and daily transportation.

The **Family and Children's Development Center** (FCDC) is located at 11025 SW 84 Street, Miami, FL 33173, Phone #(305) 270-2932. FCDC is the most senior of these programs, having begun in 1973. It serves Severely Emotionally Disturbed (SED) children, ages five through 12 who are functioning at or have the capacity to function within the average range of intelligence. Program capacity is 40 children.

The **Family and Adolescent Development Center** (FADC) is located at 2965 NW

17 Street, Miami, FL 33125, Phone #(305) 638-6021. FADC was established in 1980 and treats SED adolescents and young adults, ages 13 to 22, of average intellectual ability. Program capacity is 35.

The **Specialized Development Center-South** (SDC-S) is located at 11025 SW 84 Street, Miami, FL 33173, Phone #(305) 270-2952. SDC-S was established in 1986 and was the model for the Specialized Development Center-North program. It serves elementary school and high school age clients from five to 22 years of age who are SED and also diagnosed as Educable Mentally Handicapped (IQ's from 40-75). Program capacity is 45.

The **Specialized Development Center-North** (SDC-N) is located at 1400 NW 36 Street, Miami, FL 33142, Phone #(305) 820-8505. SDC-N was initiated in 1990 as a replication of the successful SDC-S program and has a capacity of 35. The SDC-N serves elementary, middle school, and high school age clients ages 5 to 22.

The **Early Intervention Development Center** (EIDC) is located at 1400 NW 36 Street, Miami, FL 33142, Phone #(305) 636-4275. EIDC began in 1991 in order to extend services to inner-city children from ages 5 through 12 of average intellectual ability. Program capacity is 30.

There are significant similarities between the programs, although differences are keyed to the specific population needs and developmental issues according to the nature and degree of exceptionality. The goals of the programs overlap and are aimed at improving family functioning while increasing the social, psychological, and academic functioning of the child/adolescent.

Each program includes the family as a therapeutic unit, and families are urged to take an active role in treatment. Each youngster routinely receives weekly individual and group therapy. A behavior modification substrate is integrated into the daily activities. Each child/adolescent is enrolled in learning modules, which are taught by special education teachers, all of who are certified in exceptional student education and are experienced in working with disturbed youth. Paraprofessional Teacher Assistants and one-to-one Aides are frequently a part of the teaching

staff. Part-time art therapists, music teachers, speech therapists, physical education teachers, occupational therapists, and consulting psychiatrists supplement services to these programs. The full-time clinical staff of the programs consists of full-time doctoral psychologists and clinical social workers.

Interns have direct experience and are supervised in the following therapy areas: family, couple, individual adult, and individual child; and adolescent or children's group, and play group therapy. Other clinical experiences include parent training, crisis intervention, treatment team participation, consultation, outreach, and psychological and psycho-educational assessments. The clients are multi-ethnic and have diverse socio-economic levels, with a range of psychopathology.

The programs have received National Association of Counties awards for: a "career laboratory," which teaches job skills and has led to work/study options for some of the adolescent clients; a special unit for younger SED/Educable Mentally Handicapped (EMH) children; independent living skills training; a summer youth employment program; the establishment of the Early Intervention Development Center program; the After School Socialization and Therapeutic Enrichment program; and the entire Day Treatment Program.

Day treatment programs have been an increasingly applied treatment model as an alternative to residential treatment, and the populations to which it has been applied has shown a similar proliferation. The most obvious feature of day treatment is that it is not a 24 hour, seven day a week program. For the day treatment programs in the Psychological Services Division the clients are scheduled to arrive at 8:20 a.m. and depart at 2:00 p.m. Most programmed, direct service interventions occur within that time frame. One clear advantage of such a nonresidential model is that the family system, even though troubled, is preserved. It therefore allows for daily interaction between parenting adults and the child and helps maintain motivation to participate in treatment. It also helps to defuse, somewhat, the perception that the problem resides in the child alone, and affords considerable opportunities for parents to try out new learnings.

In the day treatment programs, psychotherapy, in a variety of forms, is an integral and

integrated feature of programming, informed by individualized treatment planning. Treatment is comprehensive and coordinated through a multidisciplinary team approach. Several other important features of the day treatment programs is milieu therapy which creates a "therapeutic surround" for the children, and outreach which attempts to create a "connectedness" between the program, the home setting, and the family. There is extensive pre-enrollment assessment including psychological, psychiatric, medical, neurological, and psycho-educational evaluation; and careful after care/discharge planning requiring early preparation with parents, guardians, the school system, vocational or work settings, vocational rehabilitation, etc. Our day treatment is not a short-term investment and although average treatment times vary according to the different programs, the overall average is approximately two years.

The Psychological Services Division provides day treatment services annually to approximately 268 children/adolescents and 630 clients through over 36,000 child treatment days and nearly 17,000 direct service contacts. Approximately 42% of the clients are Hispanic, 42% African-American, and 14% Caucasian, and 2% Other, with 75% of families from lower socioeconomic status levels.

## **RESEARCH**

The internship encourages research related to client service provision. Formal and informal research as well as program evaluation is encouraged. Such research requires the approval of the Psychology Internship Training Committee, of which the Director of Psychology Training is the chairperson.

The following are examples of some of the research endeavors undertaken at the agency:

1. The effects of cognitive restructuring on impulsive severely emotionally disturbed children
2. Determining client progress through follow-up assessment survey
3. Multi-assessment comparisons of family structure vs. therapists perceived family pathology
4. Separation-individuation in adolescents
5. Effects of psychosocial interventions on high dropout-risk, inner-city youth (SIP project)
6. Body buffer zone configurations of violent vs. nonviolent adolescents.
7. Operant group therapy with severely emotionally disturbed adolescent males
8. S.E.D. Children and Adolescents: Internalizers or Externalizers

## **TRAINING IN PSYCHOLOGY**

The Psychological Services Division has provided psychology internship training since 1981. The internship program has been accredited by the American Psychological Association (APA) since August 2002 and has been a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) since 1987. Additionally, training has been provided for graduate psychology practicum students since the mid-1970's.

Training in psychology is administered by the Director of Psychology Training who reports to the Director of the Psychological Services Division. The Psychology Internship Training Committee, consisting of the Training Director, the Division Director, the other Program Directors, and staff Clinical Psychologists, meets regularly to review student progress and assist in the continued development of the program. A total of five doctoral level psychologists licensed in the State of Florida provide the supervisory base for student training in psychology.

The psychology staff adhere to the American Psychological Association's *Ethical Principles of Psychologists, and Standards for Educational and Psychological Testing*; keep up-to-date with policy statements relevant to standards for professional services as issued by the Association; and conform to relevant statutes established by federal, state, and local governments.

The psychology staff works in partnership with social workers, special education teachers, psychiatrists, occupational therapists, art therapists, speech pathologists, and other professionals in addressing the needs of clients. Existing relationships with universities particularly nurtures the use of scientific principles in the applied setting, and fosters a high level of professional excellence as practitioners/scientists. Training of psychology interns and practicum graduate students is provided within such a context. The interns receive advanced training designed to address a range of mental health problems. Intern selection occurs as psychology students complete their academic requirements and obtain greater clarity regarding

career objectives. Interns are chosen whose objectives involve direct client services and, preferably, treatment related research and/or program evaluation. Responsibility is assumed by the psychologists within the Psychological Services Division for the daily clinical and administrative supervision of the interns in their work and professional development.

Intern training is designed to produce competent professionals in psychological assessment, intervention, and consultation. Therapeutically, emphasis is mainly eclectic, applying family systems, behavioral, existential, nondirective, and cognitive and other principles of psychology. Multi-faceted aspects of the program allow for training in individual, group, couple, and family therapies; psychological and psychoeducational assessment; consultation; and case management.

The training program affords the intern the flexibility to experiment with and learn to apply a variety of modalities and approaches. Also, an intern's personal interests can sometimes be integrated into the therapeutic regimen, e.g., one intern, who was a musician, teamed with another staff member and began an adolescent percussion group, and a past intern taught American Sign Language to staff. Because of the characteristics of the client population, there are considerable opportunities to impact significantly in critical areas of the social fabric of our society by working with at-risk youngsters. Interns work on a variety of intervention levels within a fast-paced setting of unexpected daily challenges, for example, any one day's activities could include scheduled individual, group, and family therapy; crisis intervention; consultation with parents, teachers, a psychiatrist, state workers, school administrators and coworkers; case staffing; supervision; and participation in discussions on refining a treatment plan or program element.

Since the intern comes to the program after practicum experiences, clerkships, and externships are completed, the internship training ultimately prepares the intern for treatment of disturbed children, adolescents, and their families, as well as the conduct of consultation in community based settings. The intern will also be versed in the application of APA ethical standards, which form the under girding by which the internship training program provides

instruction.

The parent university/school and the Psychology Internship Training Program share together the responsibility of maintaining an ongoing dialogue regarding the intern's development. A comprehensive intern evaluation is provided for each intern every four months. The training facilities are always available for visits from university/school-based advisors or program coordinators.

### **Training Goals**

Psychology training should provide interns with models of established clinical and ethical standards of professional practice. The Psychology Training Mission is, “To provide an organized training experience in clinical psychology to pre-doctoral level interns and equip them with the necessary clinical skills and competencies to successfully perform the role of professional psychologist at the entry level with children and/or adolescents and their families.” Our internship program utilizes 27 objectives by which the following six major competency goals are achieved (see pages 26 - 36 for a detailed description):

- 1) Relationship; 2) Assessment; 3) Intervention; 4) Records Management; 5) Consultation;
- 6) Professional Development as a Psychologist.

The clinical psychology training program applies principles, methods, and procedures for understanding, predicting, and alleviating intellectual, emotional, psychological, and behavioral disabilities and discomfort. Further, training includes psychological assessment and treatment of individuals with a variety and range of intensity of problems. Interns sharpen their skills in applying psychological tests for diagnosing and evaluating mental and personality disorders, and for assessing psycho-educational functioning, organicity, social adaptation, and intellectual functioning. The general training philosophy of the psychology internship program is one of a **Mentor/Practitioner**. All internship experiences pair senior mentor supervisors with interns in preparation for professional careers as practitioners of psychology in working with children and/or adolescents.



## **INTERNSHIP PROGRAM STRUCTURE**

### **Admission Requirements**

In order to be considered for admission into the internship program the applicant is expected to have completed three years of graduate study from a psychology program which is APA approved or is actively pursuing APA approval. Applicants must have completed 900 practicum hours, and submit completed application materials. Preferential consideration is given in the screening review to applicants who have demonstrated an interest in working with children and/or adolescents via related coursework, practica, and/or work experience.

### **Admission Process**

A Training Committee, consisting of the Director of Psychology Training (Chairperson), the Division Director, the other Program Directors, staff Clinical Psychologists, and a current intern meet with the applicant for a structured interview of selected applicants. Ample time is scheduled for the applicant to question the Committee. A written question is also part of the interview process. In combination with the interview, intern applicants are encouraged to visit the day treatment facilities prior to matching selections to facilitate early familiarization with prospective placements and supervisors, and to assist in their decision-making process. All interns are required to pass a pre-hiring physical exam and a drug and fingerprint screening.

### **Orientation**

Interns initially participate in a half-day group orientation with the Psychology Training Committee once they start the internship. This group orientation includes familiarization with the Office history, structure, and personnel; familiarization with the Psychological Services Division; a review of expectations, due process procedures (**APPENDIX A**); rights, and responsibilities of the agency and intern (**APPENDIX B**); and general discussion. Additionally, an orientation program unfolds during the first several weeks of the internship, consisting of a gradual acclimation to the intern's assigned site and responsibilities. At the beginning of the internship year, interns complete a Self-Assessment of their perceived strengths and weaknesses as well as their training priorities (See Attachment 4). Early in the internship, supervising

psychologists critically evaluate the intern's performance, noting areas needing strengthening. Specific objectives also emerge from the training needs identified by the intern and relate to past experience and career goals.

This Self-Assessment is discussed with the supervisor, and the subsequent nature of supervision is developed according to the intern's skill level and developing confidence over the course of the year. At the beginning, the emphasis on supervision is likely to highlight the nature of the population and their clinical issues as well as procedural details and requisite documentation. Co-therapy, co-assessment, live supervision, and taping of sessions may be provided based upon the intern's training needs. As the year progresses, the intern and the supervisor, upon mutual agreement, will allow for the intern's more independent clinical work wherein the intern may operate with a greater degree of autonomy, with subsequent supervisory discussion. Finally, as clinical skills are further strengthened, there would be a shift toward professional role definition, greater autonomy, the honing of clinical skills, and opportunities for pursuit of individual professional opportunities.

### **Fair Selection Practices**

Miami-Dade County Government, which is the parent entity of the Department of Human Services, Office of Youth and Family Development, provides equal access opportunity in employment and services which reflects respect for and understanding of "cultural and individual diversity." Nondiscriminatory policies and operating conditions are in force to avoid restriction of program access, and unfair practices of recruitment, retention, and staff/intern development due to, but not limited to, age, color, disabilities, ethnicity, gender, language, national origin, race, religion, sexual orientation, and social economic status.

### **Placements**

Interns are assigned a full-time, 2,000-hour (one year) placement in a comprehensive day treatment program according to their background, knowledge, area of needed training, and supervisor/supervisee match. The Psychology Internship Training Committee assigns placements, with primary consideration given to creating a good mentor-mentee match. Input by

the intern is also given consideration. The length of each placement is usually the entire year, however, a change in placement may be considered if clinical and/or personal need dictates. Placements are geographically located at five sites throughout the county. Personal transportation is essential.

### **Stipend, Leave Time, and Benefits**

All interns are Temporary Employees of Miami-Dade County Government and as such are not eligible for paid vacation. However, they are permitted to take up to ten unpaid days for personal use. Interns are paid for the 12 County recognized Holidays provided they are in pay status the full day before and the day after the holiday. Interns are not paid for sick leave, but may take up to 12 unpaid days for illness. Paid educational leave is provided for attendance at conferences. They also qualify for conference registration fees as budget permits. Interns are eligible for on-the-job mileage reimbursement. The internship stipend is presently approximately \$16,000.

### **Internship Requirements**

The three principal areas emphasized in the internship are assessment, intervention, and consultation. During the internship year, interns are expected to complete a minimum of six comprehensive psychological test batteries of children/adolescents, with intensive supervision, followed by presentations to the parents/guardians, and multi-disciplinary staff. The final report should represent a professional, essentially independent level of functioning.

Coordinating services to families and engaging their involvement in treatment is emphasized as a general intervention philosophy. Interns are required to carry eight to twelve cases among children, adolescent, and/or young adult clients; their families; and a minimum of two weekly therapy groups. The number of assignments is determined by the individualized needs of the particular intern and specific programmatic parameters. A variety of client ages and levels of pathology are ensured in order to provide the intern with varied treatment opportunities.

Consultation with teachers, social workers, paraprofessionals, psychiatrists, occupational therapists, speech therapists, and other professionals within and outside of the assigned programs

occurs throughout the internship year. Assessment on how the intern establishes and maintains working relationships, and provides competent, professional information/consultation/direction provides data for feedback on an ongoing basis. The intern becomes integrated into her/his assigned program as a contributing professional in all aspects of program functioning.

Because of the nature of the client population in the day treatment program, all program psychologists, social workers, and psychology interns provide services beyond the realm of the traditional outpatient office visit. Such services may include occasional home visits and transporting of clients, availability for infrequent evening/weekend or holiday work, participation with other staff in physically holding an out-of-control child (training is provided), and other flexible assignments. Naturally, an intern is never expected to provide any client service that is not expected of their supervisor.

Interns are expected to attend program clinical meetings and clinical case reviews, individual supervision, group supervision, relevant training experiences, psychology seminars, peer consultation, and local workshops (See Attachments 5-9). Each intern may be expected to make at least one presentation on a subject of his or her interest to program staff and one presentation in a community based setting. Interns are also invited to attend the seminar series provided by the internship program at the nearby Children's Psychiatric Center.

Our training program is sequential and builds upon the previously developed competencies acquired throughout the internship year. Concomitantly, the evaluative criterion becomes more demanding as the year progresses. In addition, we expect that the intern should require progressively less intensive supervisory oversight for the satisfactory completion of assigned responsibilities. The interns are evaluated at four months, eight months, and at the end of the internship utilizing the Psychology Intern Evaluation Form (See Appendix F). These

evaluations are broken down into six major categories, and cover the expected competencies for all interns in our program. Whenever deficiencies in any areas are noted, supervisors address these with the interns in a timely manner to provide the intern an opportunity to correct the difficulty. The Training Committee also routinely discusses each intern's progress at each Training Committee meeting. If the intern is failing to meet the established minimum criteria, a Corrective Plan must be developed. In order to pass the first evaluation of the internship program, the intern must have an overall minimum average rating in each of the six categories of 1.5 (midway between Unsatisfactory and Improvement Desired) since we appreciate that the intern may still be in the process of becoming acclimated to the demands of internship and to the many life changes that have been occurring early in the internship year. In the second evaluation, an overall minimum average rating in each category of 2.0 (Improvement Desired) is required which provides a continued opportunity to improve any deficit areas. A final minimum average rating of 3.0 (Satisfactory) is required in each category in order to be considered as having satisfactorily completed the internship program. Interns are also provided with the opportunity to evaluate the internship program. At the mid-point and at the end of the year, each intern is requested to complete questionnaires evaluating their internship experience. Feedback gleaned from this process has been very helpful in shaping the direction of the internship program.

### **Supervision**

Each intern and her/his supervisor meet for a minimum of two hours per week for scheduled, face-to-face individual supervision in addition to the ongoing daily support and frequent availability. All interns meet together weekly for two hours of group supervision as well with teams of supervisors. Group supervision provides an opportunity to strengthen professional development as well as promoting peer relationship building and information

sharing. Feedback is provided via supervision and adjustments may be made to the interns' work assignments if needed. The intern may also be paired as a co-therapist with a psychologist or social worker in group and/or play group therapies. The Psychology Internship Training Committee and supervisors review the progress of each intern at regular meetings and the supervisor/supervisors formally evaluate the intern's overall competence three times during the year. At the mid-point and at the end of the year, each intern is requested to complete questionnaires evaluating their internship experience.

## **APPLICATION PROCEDURES**

A major focus of our screening and selection process is to identify individuals who have training and experience in working with children and/or adolescents. Additionally, because of the potential for abuse in working with minors, we look closely at the Professional Conduct section of Part I of the APPIC Application for Psychology Internship (AAPI) and the Evaluation of Applicant section of Part II of the AAPI which is completed by the graduate program's Training Director. During the interview of applicants we also consider interpersonal variables that would support the close Mentor aspect of our program. Personal interviews are required to give both the applicant and the Training Committee a chance to mutually assess their matching potentials.

The deadline for receipt of the completed application and paperwork is **November 15, 2003**, and the following materials must be submitted in order to be considered for an interview:

**1. \*APPIC Application for Psychology Internship (AAPI) which includes:**

- a) Doctoral Practicum Documentation Form**
- b) Professional Conduct Form**
- c) Academic Program's Verification of Internship Eligibility and Readiness Form**

**\*Available at [www.appic.org](http://www.appic.org)**

- 2. Vita**
- 3. Three Sealed Letters of Reference**
- 4. Official Graduate Transcripts sent directly from the registrar**

Send all application materials to:

Mitchell R. Gordon, Ph.D., ABPP  
Director of Psychology Training  
11025 SW 84 St., Cottage 4  
Miami, Florida 33173

## **OFFERS AND ACCEPTANCES POLICIES**

There is strict adherence to the standards of internship offers and acceptances to an internship, as stipulated by the **Association of Psychology Postdoctoral and Internship Centers (APPIC)** Match Policies. These policies can be accessed at the APPIC website at: <http://www.appic.org/>



## **MISSION STATEMENTS**

<b>DEPARTMENTAL MISSION STATEMENT</b>	<p>The mission of the Department of Human Services is to facilitate the County's commitment to the health, safety and well being of our community; to recognize the dignity and worth of every individual; and, through the provision of comprehensive, preventive, social and human services, make a positive difference in the lives of those we serve.</p>
<b>OFFICE MISSION STATEMENT</b>	<p>To intervene early with troubled children and families in order to prevent an increase in or repeat of social and psychological problems, and to offer an alternative service resource to youth involved in the juvenile justice system. Emphasis is on working with the whole family and providing short-term targeted services focusing on early intervention and family preservation</p>
<b>PSYCHOLOGICAL SERVICES DIVISION</b>	<p>To identify, relieve, reduce, and prevent further intensification of psychological dysfunction in children, adolescents, young adults, and their families through the application of psychological principles informed through science and through training of students for professional careers.</p>
<b>PSYCHOLOGY TRAINING MISSION STATEMENT</b>	<p>To provide an organized training experience in clinical psychology to pre-doctoral level interns and equip them with the necessary clinical skills and competencies to successfully perform the role of professional psychologist at the entry level with children and/or adolescents and their families. *</p> <p>*(See Values and Principles, pp. 37-38)</p>

**INTERNSHIP TRAINING GOALS**

At the conclusion of the one-year training program, interns will be able to demonstrate an increased level of knowledge and competence with children, adolescents, and their families in these core areas of professional competency:

- 1) Relationship: Relationship competencies involve the capacity to develop and maintain constructive therapeutic alliances with clients and also include the ability to work in collaboration with peers, colleagues, students, supervisors, and members of other disciplines, and representatives of community agencies and organizations.
- 2) Assessment: Assessment competencies involve the process of formulating, describing, and conceptualizing relevant aspects of clients' dynamics and of their families. The assessment process uses a multi-method and multi-theory approach that takes into account the socio-cultural context and that focuses not only on limitations and dysfunction, but also on strengths and areas of effectiveness.
- 3) Intervention: Intervention competencies involve activities that promote, restore, sustain, and enhance positive functioning and a sense of well being in clients and their families through preventive and remedial services.
- 4) Records Management: Records management competency involves the development and maintenance of clinical and administrative records in an accurate and timely fashion. An important component of this core area is the familiarization with Florida Medicaid policies and procedures for the delivery of mental health services to children and adolescents.

- 5) Consultation: Consultation competencies involve planned collaborative interaction with multi-disciplinary professionals, agencies, and colleagues in relation to an identified problem area or therapeutic intervention.
- 6) Professional Development as a Psychologist: Professional development competencies involve adherence to the professional conduct, ethics, standards, and regulations that govern the practice of psychology.

### **INTERNSHIP TRAINING OBJECTIVES**

The six major training goals are achieved via training objectives. Interns are expected to achieve the following objectives:

#### **1) Relationship**

- A. Demonstrated ongoing and consistent integrity and honesty in their communications and behaviors with clients, colleagues, and staff. This should include a consistent pattern of following through on agreements and commitments made to colleagues and clients.
- B. Demonstrated effort to establish and maintain rapport with clients while maintaining appropriate boundaries. This will be evidenced by the intern's ability to empathize with clients and to demonstrate unconditional positive regard without loss of perspective and objectivity.
- C. Demonstrated willingness and motivation to discuss and address in supervision any problems related to client-therapist relationships.

- D. Demonstrated consistent effort to work cooperatively and communicatively with other professionals and willingness to address in supervision any difficulties regarding cooperation with other staff.
- E. Demonstrated appropriate dependent-independent balance in the relationship to supervisor.
- F. Demonstrated ability to work within a multi-disciplinary context and adaptability to different supervisory styles.
- G. Demonstrated ability to work effectively with clients, other professionals, and supervisors of diverse ethnic backgrounds. This includes a desire to learn about individuals from diverse cultural and socio-economic backgrounds through reading materials, discussing related issues in supervision, and attending training on cultural and ethnic diversity.
- H. Demonstrated acceptance of clients without critical or evaluative attitude as evidence by appropriate respect for their defenses.

## 2) Assessment

- I. Performed at least six comprehensive psychological assessments.
- J. Demonstrated knowledge and competence in administering, scoring, and interpreting psychological tests consistent with level of training.
- K. Demonstrated effort to ameliorate deficient knowledge in psychological testing knowledge and/or skills through further study and practice as necessary.
- L. Demonstrated competence in gathering relevant and necessary clinical data in the course of psychological testing. This will be evidenced by appropriate

formulation of diagnostic questions in the clinical interview and other data gathering techniques.

M. Demonstrated competence in using accurate theoretical knowledge and psychology research knowledge base to make inferences regarding diagnosis and treatment. Competence will be demonstrated by the application of this knowledge in the case conceptualizations and diagnostic formulations presented by interns in supervision and written reports. Evidence of competence in these areas will also be observed through the interns' case discussions in supervision, in-service training, and case presentations.

N. Demonstrated knowledge and competence in report writing. Evaluative reports written in a well-organized manner with language appropriate for the intended reader and with well-integrated assumptions based on test data. Report writing skills will be monitored in psychological testing supervision and interns' knowledge and competence will be compared to expected levels of skill given their level of training.

O. Demonstrated competence in providing verbal feedback to clients and professionals. Feedback skills will be assessed by observing interns' interactions with colleagues in the work milieu and in feedback conferences conducted with guardians/parents and representatives of community agencies.

### 3) Intervention

P. Demonstrated knowledge and competence in selecting appropriate psychotherapeutic interventions with a caseload of 8-12 clients and their families. Also, demonstrated ability to choose appropriate empirically validated

psychotherapeutic interventions. Knowledge and skills in these areas will be measured by observing the quality and appropriateness of interns' treatment plans, treatment plan reviews, and behavioral goals for clients.

- Q. Demonstrated knowledge and competence in implementing psychotherapeutic interventions. Also, demonstrated ability to implement appropriate and relevant empirically validated psychotherapeutic interventions. These competencies will be assessed in individual and group supervision using case material and via live supervision.
- R. Demonstrated ability and competence in formulating discharge plans. This competency will be measured by the accuracy of the recommendations as it relates to the client's individual goals and objectives.
- S. Demonstrated knowledge and competence in case management services and coordinating community resources to serve the needs of the clients and their families. Intern's quality of case management skills will be evidenced by their efforts and success at fulfilling the needs of their clients beyond the boundaries of the therapy session. This will be assessed in individual and group supervision and during case presentations made by the interns.

#### 4) Records Management

- T. Completed documentation accurately and in a timely fashion. This includes clinical and administrative documentation and Medicaid records. The individual supervisors will monitor the accuracy and timeliness of all documentation via records review.

U. Demonstrated effort in attending workshops and training related to the Florida Medicaid policies and procedures for mental health providers.

V. Demonstrated competence in reporting critical incidents and generating progress reports when required by other agencies. Individual supervisors will monitor the accuracy and timeliness of all documentation via records review.

#### 5) Consultation

W. Demonstrated competence in providing psychological consultation to colleagues, members of other disciplines, and consumers of services. Evidence of success will be provided through feedback from colleagues and observations of interns' consultation skills in the workplace.

X. Demonstrated competence in providing training to other professionals via two in-service training seminars on subjects relevant to the nature of the work of the professionals. The intern will identify and verbalize central issues, using the latest research findings, with ease and clarity and in a language appropriate for the intended audience.

#### 6) Professional Development as a Psychologist

Y. Demonstrated knowledge of and adherence to current APA Ethical Principles of Psychologists and Code of Conduct (competence, integrity, responsibility, respect for rights and dignity, and concern for other's welfare). Success in this domain will be measured on an ongoing basis in supervision, seminars, and work milieu. Ethical and code of conduct issues are treated as primary supervision issues and regular discussions of these issues will provide ample opportunity to assess interns' knowledge of and adherence to these codes.

- Z. Demonstrated professional responsibility in areas of confidentiality, duty to protect, follow appropriate procedures, complete assignments, punctuality for appointments, use of appropriate dress code, respect for facility, and engender respect from colleagues and staff members. As with the above domain, success in this area will be measured on an ongoing basis in supervision, and in the work milieu. Professional responsibility is a central area of focus in internship training and these issues are regularly addressed and assessed in individual and group supervision and in seminars.
- AA. Demonstrated ongoing effort to increase level of knowledge relevant to professional practice in psychology evidenced by curiosity and interest shown in supervision and in didactic meetings. This domain includes receptivity to diverse experiences and challenges, assuming responsibilities and taking advantage of learning opportunities that go beyond the minimum required.

## METHODS TO ACHIEVE OBJECTIVES

Interns complete a minimum of six comprehensive psychological evaluations. These assessments must be based upon data collected from various sources, i.e., psycho-diagnostic interview, records review, behavioral observation, consultation with the treatment team, and test findings. Interns produce written reports with diagnostic impressions and recommendations and they review test results with parents/guardians, program staff, and other professionals. Interns demonstrate competencies in test selection for assessment of cognitive, emotional, academic, and adaptive factors of childhood and adolescence. Supervisors provide supervision on test selection, administration, scoring, interpretation, integration, and report writing. Additionally,



all evaluations are reviewed by a psychologist from the Miami-Dade County Public Schools for technical compliance with their procedures. Interns receive didactic instruction about assessment and diagnosis in five of the Training Seminars and assessment issues are also addressed on all eight Workshop days. Interns provide direct intervention services that include individual, group, family, adult, and couples therapy. The range of intervention services is designed to provide the interns with extensive breadth and depth of experiences. Interns are required to be familiar with relevant literature, techniques of rapport building, and strategies of behavioral and cognitive behavioral interventions. Interns are evaluated on their ability to demonstrate an organized conceptual understanding of the patient's problems and ability to apply such in treatment. Additionally, the interns must discriminate among various intervention strategies to facilitate treatment, identify therapeutic problems and work toward their resolution, maintain appropriate therapeutic boundaries, and utilize a variety of intervention techniques. The intern is also expected to be aware of their influence on the treatment process, and keep adequate and relevant progress notes. Empirically validated treatment approaches are reviewed in individual and group supervision. Additionally, other treatment approaches and issues are the main subject of focus in six of the Training Seminars and are also addressed in all eight of the Workshop days. Our interns gain extensive experience in methods of conducting consultation. Indeed, because of the multi-disciplinary staffing of our day treatment programs, interns may engage in daily consultative experiences with art therapists, social workers, speech pathologists, psychologists, special education teachers, psychiatrists, occupational therapists, art teachers, music teachers, physical education teachers, paraprofessionals and practicum and field placement students in psychology, social work, and special education. They also consult regularly with representatives from community agencies and other professionals involved in their client's cases to provide

direction and to obtain useful diagnostic information. The diversity of the clients and staff provides the interns with the opportunity to develop culturally sensitive awareness when dealing with consultative issues. Methods of consultation, the role of the consultant, and approach to resistive individuals are discussed at length during the intern's individual and group supervision, and the supervisors model effective consultation for the interns in the day treatment programs. Interns have various opportunities for exposure to program evaluation in our internship program. On a quarterly basis, all interns participate in evaluations of our day treatment programs via the Continuous Quality Improvement (CQI) process. The CQI committees are headed by members of our Training Committee, and the CQI teams spend an afternoon each quarter in another day treatment program reviewing the quality of record keeping, treatment plans, progress notes, psychological evaluations, intervention services, and psychiatric services provided in that day treatment program. Twice annually, the interns conduct a Client Satisfaction Survey with each of the clients on their caseloads to determine the effectiveness of the day treatment program in meeting client needs. In each of the bi-monthly training seminars, interns are asked to evaluate the usefulness of the seminar via the Clinical Psychology Intern Training Evaluation form. These training seminar evaluations have helped to shape the didactic experience for the internship program. Interns also evaluate the internship program as a whole twice annually with the Psychology Internship Evaluation Form, which has been instrumental to the Training Committee in making improvements for the internship program. Additionally, all of the interns participate in the interviews of prospective interns for the upcoming year and provide the applicants with their appraisal of the internship program in meeting their training needs. Our interns all have the opportunity to learn about the process and methods of supervision. In their future role as professional psychologists, many of our interns will be supervising graduate psychology

students, and in order to assist their development as supervisors, discussion is held in individual and group supervision about supervisory relationships and the nature of effective supervision. Each of the day treatment programs has in placement, under the supervision of the licensed psychologist, a graduate psychology student from an APA approved doctoral clinical psychology program. The intern is given a consultative, quasi-supervisory role with the practicum student and may also be involved in group co-therapy with the practicum student. Parenthetically, within our Mentor-Practitioner model of training, the practicum students look to the interns as mentors, and will often seek out input from the interns as role models for their own development. Interns are provided with the opportunity to explore this relationship in individual and group supervision. Interns are expected to become familiar with the empirical and scientific bases of assessment and treatment approaches. During supervision, interns are given assignments to read relevant research and applied clinical practice articles relevant to assessment and treatment interventions. All interns are provided with a computer and they have Internet access in their day treatment programs to assist in this process. Interns may also use the departmental library for additional resources, as well as having access to their supervisor's resource materials. When learning a new assessment or therapy skill or technique, interns are encouraged to collect research information to facilitate their interventions. Interns may request up to four hours per week for the purpose of conducting research. In addition, the content of seminars and workshops typically consider empirical bases for the information being presented. Interns gain extensive experience in working with a broad range of clients from different racial, cultural, and ethnic minorities. Case assignments are made across a spectrum of client's individual differences in order to ensure diversity. Eight hours of training seminars and three of the scheduled full-day Workshops specifically address the importance of cultural background and individual diversity

in our work as psychologists, and diversity issues are regularly discussed in supervision as they relate to the intern's work. The day treatment program staff also represents a wide array of minority populations, providing interns with an opportunity for additional exposure in their consultative experiences. Efforts are made by the internship program to create an internship class of diversity, further enhancing the interns' appreciation for individual differences.

### **ATTACHMENT 3**

#### **VALUES AND PRINCIPLES PSYCHOLOGY INTERNSHIP TRAINING PROGRAM**

- ? Professional and personal conduct of the psychology staff and interns are expected to reflect the APA Code of Ethics and the Office's Code of Behavior.
- ? Training of psychology interns for professional practice must be in a service providing setting.
- ? Responsibilities assigned to the intern should be graduated, non-exploitative, and varied across a wide range of psychological functions.
- ? The training experience should be of adequate length to assure competence in evaluation, intervention, and consultation.
- ? Clients with whom an intern works should represent a variety of ages, cultures, ethnicity, and functioning levels.
- ? Guiding policies and procedures of the training program should be public.
- ? Intern performance expectations should be clear and verifiable.
- ? The practice of psychology in the training site and the bases of training must rest upon the science of psychology.
- ? Training methodology should emphasize direct service contact across the areas of competency focus.
- ? The training environment must encourage learning and inquiry through professionalism and mutual respect.
- ? Training is enriched through multi-disciplinary interaction and co-participation.
- ? The training should have adequate oversight and self-correcting mechanisms including planning, implementation, and evaluation by multiple levels (supervisors, interns, external input).
- ? Training supervisors should be adequately credentialed for psychology practice and directly responsible for the cases supervised.
- ? Interns should have adequate opportunities to socialize and have peer interactions.
- ? Interns should be adequately prepared and be personally "ready" to assume the responsibilities associated with internship training.
- ? Resources should be adequate to support training.

- ? Diversity should be sought in staff and interns.
- ? Training supervisors should be readily available and accessible.
- ? Progress through training should be documented with sequential feedback.
- ? Interns should have ready access to avenues of redress over any concerns or grievances.
- ? Serious impairments in upholding these values and principles should result in examination and repair, or cessation of training endeavors.

**MIAMI-DADE COUNTY  
DEPARTMENT OF HUMAN SERVICES  
OFFICE OF YOUTH AND FAMILY DEVELOPMENT  
PSYCHOLOGICAL SERVICES DIVISION**

**CLINICAL PSYCHOLOGY INTERN SELF-ASSESSMENT**

**Intern's Name:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

**Internship Begins:** \_\_\_\_\_ **Ends:** \_\_\_\_\_

This information is to be shared with the assigned supervisor to familiarize her/him with the intern's self-assessment of clinical strengths, deficiencies and goals to be worked on during this year of training.

- 1. I believe my major clinical strengths are:**
  - a.
  - b.
  - c.
  - d.
  - e.
  
- 2. I believe my major clinical deficiencies are:**
  - a.
  - b.
  - c.
  - d.
  - e.
  
- 3. During the course of my internship, I would like to be able to achieve advanced skill levels in:**
  - a.
  - b.
  - c.
  - d.
  - e.
  
- 4. I have less interest in the following areas:**
  - a.
  - b.
  - c.
  - d.
  - e.

**Office of Youth and Family Development**  
**Internship Priorities Plan**

**MY PRIORITIES DURING MY INTERNSHIP YEAR ARE:**

**SCALE**  
**LOW    HIGH**

**ASSESSMENT**

- |  |                   |
|--|-------------------|
| 1. INTAKE INTERVIEWING                                     | 1   2   3   4   5 |
| 2. INTAKE REPORTS AND RECOMMENDATIONS                      | 1   2   3   4   5 |
| 3. PSYCHOLOGICAL TESTING WRITEUPS                          | 1   2   3   4   5 |
| 4. IMPROVE TECHNICAL UNDERSTANDING OF THE FOLLOWING TESTS: |                   |
| a. INTELLECTUAL  | 1   2   3   4   5 |
| b. PROJECTIVES   | 1   2   3   4   5 |
| c. NEUROPSYCHOLOGICAL SCREENING                            | 1   2   3   4   5 |
| d. OBJECTIVE PERSONALITY                                   | 1   2   3   4   5 |
| e. ADAPTIVE BEHAVIOR                                       | 1   2   3   4   5 |

**INTERVENTION**

- |                                  |                   |
|----------------------------------|-------------------|
| 1. CRISIS INTERVENTION           | 1   2   3   4   5 |
| 2. INDIVIDUAL CHILD THERAPY      | 1   2   3   4   5 |
| 3. INDIVIDUAL ADOLESCENT THERAPY | 1   2   3   4   5 |
| 4. GROUP THERAPY                 | 1   2   3   4   5 |
| 5. COUPLES-ADULT-FAMILY THERAPY  | 1   2   3   4   5 |
| 6. PLAY THERAPY                  | 1   2   3   4   5 |

**CONSULTATION PROVIDED TO:**

- |                               |                   |
|-------------------------------|-------------------|
| 1. SPECIAL EDUCATION TEACHERS | 1   2   3   4   5 |
| 2. PSYCHIATRISTS              | 1   2   3   4   5 |
| 3. PSYCHOLOGISTS              | 1   2   3   4   5 |
| 4. CLINICAL SOCIAL WORKERS    | 1   2   3   4   5 |
| 5. ART THERAPISTS             | 1   2   3   4   5 |
| 6. SPEECH THERAPISTS          | 1   2   3   4   5 |
| 7. OCCUPATIONAL THERAPISTS    | 1   2   3   4   5 |
| 8. COMMUNITY AGENCIES         | 1   2   3   4   5 |

\_\_\_\_\_  
**Intern's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor's Signature**

\_\_\_\_\_  
**Date**



**Department of Human Services  
Office of Youth and Family Development  
Psychological Services Division  
Clinical Psychology Internship Training Seminars FY 2003-2004  
Thursdays, 2:00 p.m. – 4:00 p.m.**

<u>Date</u>	<u>Topic</u>	<u>Presenter</u>	<u>Site</u>
<b><u>WEDNESDAY</u> August 13, 2003</b>	<b>Internship Survival: Paperwork, Procedures, Schedules, and then some</b>	<b>Anna Fernandez, M.S. and Kimberly Testa, M.A.</b>	<b>Kendall</b>
<b>August 21, 2003</b>	<b>Case Record Reviews, Case Files, and HIPAA</b>	<b>Ana Maria Faraci, Ph.D. and Hortensia Nuñez, Ph.D.</b>	<b>Kendall</b>
<b>August 28, 2003</b>	<b>Medicaid Requirements</b>	<b>Manny Fernandez-Jacobs, MSW</b>	<b>Kendall</b>
<b>September 4, 2003</b>	<b>The SED Child and Adolescent in the Context of Exceptionalities</b>	<b>Mitchell R. Gordon, Ph.D., ABPP</b>	<b>Kendall</b>
<b>September 11, 2003</b>	<b>Behavior Management with SED Children &amp; Adolescents</b>	<b>Hortensia Nuñez, Ph.D.</b>	<b>Kendall</b>
<b>September 25, 2003</b>	<b>Miami-Dade County Public Schools Requirements for Psychological Assessment of Children and Adolescents</b>	<b>Anne Marie Sasseville, Ph.D.</b>	<b>Kendall</b>
<b>October 2, 2003</b>	<b>Techniques of Verbal De-escalation</b>	<b>Christopher Brooks, Psy.D.</b>	<b>SDC-N</b>
<b>October 9, 2003</b>	<b>Varying Approaches to Child Group Therapy</b>	<b>Erika Berger, MSW</b>	<b>Kendall</b>
<b>October 23, 2003</b>	<b>Full Battery Part I</b>	<b>Mayra Vila, Ph.D.</b>	<b>Kendall</b>
<b>October 30, 2003</b>	<b>Full Battery Part II</b>	<b>Mayra Vila, Ph.D.</b>	<b>Kendall</b>
<b>November 6, 2003</b>	<b>Ethics &amp; Professional Practice Part I</b>	<b>Tiffany Seibold, Psy.D. and Martin Laser, LCSW</b>	<b>SDC-N</b>
<b>November 13, 2003</b>	<b>Ethics &amp; Professional Practice Part II</b>	<b>Tiffany Seibold, Psy.D. and Martin Laser, LCSW</b>	<b>SDC-N</b>
<b><u>FRIDAY</u> December 5, 2003</b>	<b>Play Therapy</b>	<b>Jana Raskin, Psy.D.</b>	<b>Kendall</b>
<b>December 11, 2003</b>	<b>Introduction to Eye Movement Desensitization and Reprocessing (EMDR)</b>	<b>Jose Bermudez, Psy.D.</b>	<b>FADC</b>
<b>January 8, 2004</b>	<b>Working with and Understanding the Cultural Aspects of the African American Family</b>	<b>Nadyne Floyd Grubbs, LCSW</b>	<b>FADC</b>
<b>January 15, 2004</b>	<b>Overview of the WISC-IV</b>	<b>Mitchell Gordon, Ph.D., ABPP and Tiffany Seibold, Psy.D.</b>	<b>EIDC</b>
<b>February 5, 2004</b>	<b>An Overview of Grief and Bereavement Counseling</b>	<b>Catalina R. Jacobs-Fernandez, Psy.D., LCSW, CEAP</b>	<b>Kendall</b>
<b>February 12, 2004</b>	<b>Suicide Assessment</b>	<b>Christopher Brooks, Psy.D.</b>	<b>SDC-N</b>

<b>February 26, 2003</b>	<b>Oppositional Youngsters: New Perspectives for Treatment</b>	<b>Patricia Hartnett, Psy.D.</b>	<b>FADC</b>
<b>March 4, 2004</b>	<b>Cultural Sensitivity</b>	<b>Nadyne Floyd Grubbs, LCSW</b>	<b>FADC</b>
<b>March 11, 2003</b>	<b>Art Therapy and SED Students</b>	<b>Janet Bush, Ed.S., ATR-BC</b>	<b>Kendall</b>
<b>April 1, 2004</b>	<b>Crisis Intervention with Agitated Patients</b>	<b>Christopher Brooks, Psy.D.</b>	<b>SDC-N</b>
<b>April 8, 2004</b>	<b>Partnering with Managed Care</b>	<b>Patricia Hartnett, Psy.D.</b>	<b>FADC</b>
<b>April 15, 2004</b>	<b>Transpersonal Psychology</b>	<b>Hortensia Nuñez, Ph.D.</b>	<b>Kendall</b>
<b>April 29, 2004</b>	<b>Working with Children &amp; their Families</b>	<b>Mayra Vila, Ph.D.</b>	<b>Kendall</b>
<b>May 6, 2004</b>	<b>Life after Internship Part 1</b>	<b>Mitchell Gordon, Ph.D., ABPP</b>	<b>SDC-S</b>
<b>May 27, 2004</b>	<b>Life after Internship Part 2</b>	<b>Mitchell Gordon, Ph.D., ABPP</b>	<b>Kendall</b>
<b>June 10, 2004 9:00 – 1:00</b>	<b>Cultural Diversity Parts 1 &amp; 2</b>	<b>Crystal Archable, Ph.D.</b>	<b>11575 NW 7 Ave</b>
<b>June 24, 2004</b>	<b>The Effect of Nutrition on Mental Health</b>	<b>Jose Bermudez, Psy.D.</b>	<b>FADC</b>
<b>July 8, 2004</b>	<b>Life after Internship Part 2</b>	<b>Mitchell Gordon, Ph.D., ABPP</b>	<b>Kendall</b>
<b>July 22, 2004</b>	<b>Theory and Methods of Supervision</b>	<b>Patricia Hartnett, Psy.D.</b>	<b>FADC</b>

**ATTACHMENT 6**

**DEPARTMENT OF HUMAN SERVICES  
OFFICE OF YOUTH AND FAMILY DEVELOPMENT  
CLINICAL PSYCHOLOGY INTERNSHIP WORKSHOP SCHEDULE  
FY 2003-2004**

<b><u>TOPIC</u></b>	<b><u>SPONSOR</u></b>	<b><u>DATE/S</u></b>
Safe Physical Management Training	Miami-Dade County Public Schools	Late August 2003
Hispanic Family Conference	Miami-Dade County, Department of Human Services, Office of Youth & Family Development	October 29, 2003
Baker Act	University of South Florida	Early 2004
Black Family Symposium	Miami-Dade County, Department of Human Services, Office of Youth & Family Development	Early February 2004
Linking Forces XIII Children's Mental Health Conference	Miami-Dade County Public Schools' Multi-Agency Network	May 20 and 21, 2004

**ATTACHMENT 7****CLINICAL MEETINGS (CM)**  
**CLINICAL CASE REVIEWS (CCR)**

<b><u>PROGRAM</u></b>	<b><u>WEEKDAY</u></b>	<b><u>TIME</u></b>
EIDC (1)	Bi-weekly (CM) Tuesdays (CCR)	02:30 – 03:30 02:15 – 03:15
FADC (2)	Daily (CM) Tuesdays (CCR)	12:00 – 12:45 02:30 - 03:20
FCDC (3)	Tuesdays (CCR)	02:20 – 03:20
SDC-N (4)	Bi-weekly (CM ) Thursdays (CCR)	02:30 – 03:30 02:15 – 03:20
SDC-S (5)	Wednesdays (CCR)	02:20 – 03:20

- (1) EARLY INTERVENTION DEVELOPMENT CENTER
- (2) FAMILY AND ADOLESCENT DEVELOPMENT CENTER
- (3) FAMILY AND CHILDREN'S DEVELOPMENT CENTER
- (4) SPECIALIZED DEVELOPMENT CENTER-NORTH
- (5) SPECIALIZED DEVELOPMENT CENTER-SOUTH

**CLINICAL PSYCHOLOGY INTERNSHIP  
GROUP SUPERVISION SCHEDULE  
FY 2003-2004  
MONDAYS 2:00-4:00 PM**

<b>DATE</b>	<b>CO-SUPERVISORS</b>	<b>SITE</b>
August 18, 2003	Patty Hartnett, Psy.D., Martin S. Laser, LCSW	Kendall
August 25	Patty Hartnett, Psy.D., Martin S. Laser, LCSW	Kendall
September 8	Patty Hartnett, Psy.D., Martin S. Laser, LCSW	Kendall
September 15	Patty Hartnett, Psy.D., Martin S. Laser, LCSW	Kendall
September 22	Patty Hartnett, Psy.D., Martin S. Laser, LCSW	Kendall
September 29	Patty Hartnett, Psy.D., Martin S. Laser, LCSW	Kendall
October 20	Patty Hartnett, Psy.D., Martin S. Laser, LCSW	Kendall
October 27	Patty Hartnett, Psy.D., Martin S. Laser, LCSW	Kendall
November 3	Patty Hartnett, Psy.D., Martin S. Laser, LCSW	Kendall
November 10	Patty Hartnett, Psy.D., Martin S. Laser, LCSW	Kendall
November 17	Patty Hartnett, Psy.D., Martin S. Laser, LCSW	Kendall
November 24	Patty Hartnett, Psy.D., Martin S. Laser, LCSW	Kendall
December 1	Patty Hartnett, Psy.D., Martin S. Laser, LCSW	Kendall
December 8	Mitchell R. Gordon, Ph.D., ABPP (Quarterly Meeting)	Kendall
December 15	Crystal Archable, Ph.D., Nadyne Floyd Grubbs, LCSW	11575 NW 7Ave
December 22	Crystal Archable, Ph.D., Nadyne Floyd Grubbs, LCSW	11575 NW 7Ave
December 29	Crystal Archable, Ph.D., Nadyne Floyd Grubbs, LCSW	11575 NW 7Ave
January 5, 2004	Crystal Archable, Ph.D., Nadyne Floyd Grubbs, LCSW	11575 NW 7Ave
January 12	Crystal Archable, Ph.D., Nadyne Floyd Grubbs, LCSW	11575 NW 7Ave
January 26	Crystal Archable, Ph.D., Nadyne Floyd Grubbs, LCSW	11575 NW 7Ave
February 2	Crystal Archable, Ph.D., Nadyne Floyd Grubbs, LCSW	11575 NW 7Ave
February 9	Crystal Archable, Ph.D., Nadyne Floyd Grubbs, LCSW	11575 NW 7Ave
February 23	Crystal Archable, Ph.D., Nadyne Floyd Grubbs, LCSW	11575 NW 7Ave
March 1	Crystal Archable, Ph.D., Nadyne Floyd Grubbs, LCSW	11575 NW 7Ave
March 8	Crystal Archable, Ph.D., Nadyne Floyd Grubbs, LCSW	11575 NW 7Ave
March 15	Crystal Archable, Ph.D., Nadyne Floyd Grubbs, LCSW	11575 NW 7Ave
March 22	Crystal Archable, Ph.D., Nadyne Floyd Grubbs, LCSW	11575 NW 7Ave
March 29	Crystal Archable, Ph.D., Nadyne Floyd Grubbs, LCSW	11575 NW 7Ave
April 5	Mitchell R. Gordon, Ph.D., ABPP (Quarterly Meeting)	Kendall
April 12	Tiffany Seibold, Psy.D., Jose Bermudez, Psy.D.	EIDC
April 19	Tiffany Seibold, Psy.D., Jose Bermudez, Psy.D.	FADC
April 26	Tiffany Seibold, Psy.D., Jose Bermudez, Psy.D.	EIDC
May 3	Tiffany Seibold, Psy.D., Jose Bermudez, Psy.D.	FADC
May 10	Tiffany Seibold, Psy.D., Jose Bermudez, Psy.D.	EIDC
May 17	Tiffany Seibold, Psy.D., Jose Bermudez, Psy.D.	FADC
May 24	Tiffany Seibold, Psy.D., Jose Bermudez, Psy.D.	EIDC
June 7	Tiffany Seibold, Psy.D., Jose Bermudez, Psy.D.	FADC

**CLINICAL PSYCHOLOGY INTERNSHIP  
GROUP SUPERVISION SCHEDULE FY 2003-2004  
PAGE TWO**

<b>DATE</b>	<b>CO-SUPERVISORS</b>	<b>SITE</b>
June 14	Tiffany Seibold, Psy.D., Jose Bermudez, Psy.D.	EIDC
June 21	Tiffany Seibold, Psy.D., Jose Bermudez, Psy.D.	FADC
June 28	Tiffany Seibold, Psy.D., Jose Bermudez, Psy.D.	EIDC
July 5	Tiffany Seibold, Psy.D., Jose Bermudez, Psy.D.	FADC
July 12	Tiffany Seibold, Psy.D., Jose Bermudez, Psy.D.	EIDC
July 19	Tiffany Seibold, Psy.D., Jose Bermudez, Psy.D.	FADC
July 26	Tiffany Seibold, Psy.D., Jose Bermudez, Psy.D.	EIDC
August 2	Mitchell R. Gordon, Ph.D., ABPP (Quarterly Meeting)	Kendall

**DEPARTMENT OF HUMAN SERVICES  
OFFICE OF YOUTH AND FAMILY DEVELOPMENT  
Psychological Services Division**

**Psychology Intern Peer Consultation  
FY 2003-2004  
Thursdays, 3:00 p.m. – 5:00 p.m.**

**September 18, 2003**

**October 16, 2003**

**November 20, 2003**

**December 18, 2003**

**January 22, 2004**

**February 19, 2004**

**March 18, 2004**

**April 22, 2004**

**May 13, 2004**

**June 17, 2004**

**July 29, 2004**

**MIAMI-DADE COUNTY  
DEPARTMENT OF HUMAN SERVICES  
OFFICE OF YOUTH AND FAMILY DEVELOPMENT  
PSYCHOLOGICAL SERVICES DIVISION**

**DUE PROCESS PROCEDURES**

**It is the objective of the Office of Youth and Family Development, Psychological Services Division, that the psychology pre-doctoral internship training program in psychology will be of the highest professional quality and will assist in preparing the intern to competently discharge the responsibilities of a professional psychologist. The training context in which services occur are day treatment programs for severely emotionally disturbed children, adolescents, young adults and their families organized within a large county, governmental, children and family services agency.**

**Training occurs in three general areas of professional functioning: psychological testing/evaluation (intelligence, personality, psycho-educational), psychotherapy (individual, group, family, couple, crisis intervention), and case consultation. Interns are expected to adhere to the American Psychological Association's Code of Ethics in their conduct, to be adequately prepared through didactic and practica experiences, to assume the supervised responsibilities of an intern in psychology, and to demonstrate personal maturity characterized by an ability to productively participate in supervision and interact with colleagues of various disciplines in the best interest of the client population being served.**

**It is the policy of the Office of Youth and Family Development that interns are assured due process regarding concerns, which might arise over their performance and functioning. As an employee of Miami-Dade County, all existing personnel policies and procedures would apply.**

**Evaluation of and supervisory feedback regarding an intern's performance is an on-going process throughout the internship. If at any time there are deficiencies, it is the responsibility of the site supervisor to put in writing the discussions held in any supervisory conference related to these problem areas. If, as a result of these deficiencies, there is a necessity to develop a corrective plan, the document must be signed by both the site supervisor and the intern with a copy forwarded to the Director of Psychology Training. The corrective plan may include independent readings, increased supervision, increased practice opportunities, etc. In the case of the site supervisor and intern not being able to come to an agreement on the corrective plan, the Director of Psychology Training would be brought in to mediate the situation. If the Director of Psychology Training were unable to resolve the conflicts, consultation would be requested with the Director of Clinical Training of the parent university to assist in the resolution.**



Potential organizational/system problems are prevented through clear descriptions of responsibilities, quantitative expectations, and lines of authority. Miami-Dade County Policies and Procedures govern all employees, and the official rules and behaviors which may be causes for reprimand, suspension, or termination are specified in the county procedures document at the internship site and online. The Director of Psychology Training in consultation with the Division Director investigates any such specified behaviors and the Director of Clinical Training of the parent university is advised and consulted prior to the recommendation of any corrective or disciplinary action.

The Director of Psychology Training would present the results of the investigation and make a recommendation to the Division Director. Other Department of Human Services Administrators would be brought in to the process as appropriate. The intern would be invited to meet with the Training Director and Division Director, including a representative of his/her choosing if desired. A recommendation is made to the Department Director, with whom the intern could also meet, and a decision would be made. The Director of Clinical Training of the parent university would be kept advised of the progress of the process, which would be completed as expeditiously as possible. Interns could appeal any disciplinary action to the Director of Employee Relations.

If an intern had difficulties with a supervisor or other grievances about her/his training, the intern would be encouraged to work with her/his primary supervisor to resolve the issue. If a resolution were not achieved or if the intern had an issue which s/he felt could not comfortably be addressed with the supervisor, the intern would advise the Director of Psychology Training, who would attempt to facilitate the resolution. If this process were unsuccessful, The Training Director and the Director of Clinical Training of the parent university would consult to determine further action. Within the context of our training model and Divisional organization, the Training Director is also a site supervisor. Should an intern under the supervision of the Training Director encounter difficulty, the Assistant Director of Psychology Training and/or the Division Director would be available to mediate or intervene.

Possible issues for interns might include unavailability of the supervisor, unreasonable workload demands, ethical dilemmas, personality conflicts, poor technical supervision, or evaluations perceived as unfair.

**DEPARTMENT OF HUMAN SERVICES  
OFFICE OF YOUTH AND FAMILY DEVELOPMENT  
PSYCHOLOGICAL SERVICES DIVISION  
DUE PROCESS RIGHTS AND RESPONSIBILITIES**

<b><u>PROGRAM'S RIGHTS</u></b>	<b><u>PROGRAM'S RESPONSIBILITIES</u></b>
To expect the intern to abide by the APA Code of Ethics	To assure due process and clearly articulated due process procedures
To expect the intern to demonstrate personal maturity	To provide on-going feedback regarding performance
To expect intern participation in the development of a Corrective Action Plan if one were needed	To provide early identification of deficiencies
To expect compliance with a Corrective Action Plan if one were implemented	To work with the intern to develop a Corrective Action Plan if one were needed
To consult with the Clinical Training Director of the parent university	To advise the intern regarding consultation with the Clinical Training Director of the parent university
To conduct an investigation of any reports of rules violation	To assure availability of the supervisors and Psychology Training Director
To implement corrective or disciplinary action if warranted	To provide clear descriptions of responsibilities, quantitative expectations, and lines of authority
<b><u>INTERN'S RIGHTS</u></b>	To identify program, Office, Department, and County rules and regulations
To expect due process	To conduct an impartial investigation of any reports of rules violation
To expect on-going feedback regarding performance	To provide levels of review regarding deliberations on disciplinary action
To expect early identification of deficiencies	To expeditiously attend to intern grievances regarding training or supervision
To expect cooperative efforts to develop a Corrective Action Plan if one were needed	<b><u>INTERN'S RESPONSIBILITIES</u></b>
To consult with the Clinical Training Director of the parent university	To abide by the APA Code of Ethics
To expect availability of supervisors and the Psychology Training Director	To demonstrate personal maturity
To expect clear description of responsibilities, quantitative expectations of performance, and lines of authority	To become conversant with governing rules, policies and procedures
To expect clear identification of possible reasons for disciplinary action	To become conversant with due process procedure
To bring a representative of his/her choosing to a meeting with Departmental Administration	To participate in the development of a Corrective Action Plan if one were needed
To expect an impartial investigation of any reports of rules violation	To abide by lawful program, Office, Department, and County rules and regulations
To have the option to participate at any deliberative forum regarding possible disciplinary action	To follow grievance procedures, if initiated
To expect clear policy regarding grievance procedures	
To initiate grievances about training or supervision	
To bring a representative of his/her choosing to a grievance meeting	
To expect expeditious efforts at resolution of grievances	

**PSYCHOLOGICAL SERVICES DIVISION**  
**PSYCHOLOGY TRAINING COMMITTEE**

- Crystal Archable**..... **DHS Program Coordinator**  
 B.A. 1975, Morgan State University; M.A. 1977, University of Maryland; Ph.D. (Clinical) 1985, University of North Carolina. Florida Licensed. Interests: (Professional) Family Therapy and Cultural Issues in Development; (Personal) Children's Stories.
- Ana M. Faraci** ..... **Assistant Director of Psychology Training & Director, Psychological Services Division**  
 B.A. 1976, University of Puerto Rico; M.A. 1978 University of Puerto Rico; Ph.D. (Clinical) 1982 Caribbean Center for Advanced Studies, Puerto Rico. Florida Licensed. Interests: (Professional) Child Development and Psychopathology; (Personal) Sports, Exercising, and Music.
- Mitchell R. Gordon**.....**Director of Psychology Training & Program Director**  
 B.A. 1971 Temple University; M.S. 1974, Northeast Louisiana University; Ph.D. (Counseling/Educational) 1977, University of Mississippi. Florida Licensed. Diplomate in Clinical Psychology, American Board of Professional Psychology. Fellow, American Academy of Clinical Psychology. Certification by National Register of Health Service Providers in Psychology. Certificate of Professional Qualification in Psychology. Interests: (Professional) Family Therapy - Cybernetic Perspective, Group Psychotherapy, Training of Doctoral Psychology Students; (Personal) Golf, Guitar.
- Nadyne Floyd Grubbs** .....**Program Director**  
 B.S. 1977, State University of New York at Brockport; M.S.W. 1979, Barry College; Florida Licensed (L.C.S.W.); Interests: (Professional) Adolescent Development and Professional Management Development; (Personal) Reading, exercising, and traveling.
- Patricia M. Hartnett**.....**Staff Psychologist**  
 B.A. 1980, University of Colorado; M.S. 1983, Valdosta State College; M.S. 1989, Nova Southeastern University; Psy.D. (Clinical) 1994, Nova Southeastern University. Florida Licensed. Interests: (Professional) Adolescent Suicide; (Personal) Equestrian Activities, Gourmet Cooking, Organic Gardening.
- Martin S. Laser**.....**Program Director**  
 B.A. 1971, Roosevelt University, Chicago, IL; M.A. (M.S.W.) 1973, University of Chicago; Florida Licensed (L.C.S.W.); Interests: (Professional) Children/Psychopathology, Grant Writing, Continuous Quality Improvement (CQI); (Personal) Exercise, Racquetball, Sports, Antiques, Theater, Grandchildren.
- Hortensia Nuñez**.....**Clinician**  
 B.A. 1978, Sacred Heart University, San Juan, Puerto Rico; M.S. 1983, Caribbean Center for Advanced Studies, San Juan, Puerto Rico; Ph.D. (Clinical) 1985, Caribbean Center for Advanced Studies. Interests: (Professional) Transpersonal Psychology, Alternative Therapies; (Personal) Reading, Music, Environmental Issues, Natural Health Nutrition, Golf, Opera, Painting.
- Tiffany Seibold**.....**Program Director**  
 B.S. 1988, Stetson University; M.S. 1991, Nova Southeastern University; Psy.D. (Clinical) 1997, Nova Southeastern University. Florida licensed. Interests: (Professional) Child and Adolescent Psychopathology; Domestic Violence (psycho-educational groups for male perpetrators of domestic violence); (Personal) Sports, Photography, Fishing, Reading, Motorcycle Riding.
- Mayra E. Vila**.....**Psychology Resident**  
 B.A. 1977, Florida International University; M.S.Ed. (Counseling) 1978, University of Miami; M.S. 1981, Miami Institute of Psychology; Ph.D. (Clinical) 1996, Miami Institute of Psychology. Interests: (Professional) Object Relations, Assessment, Neuropsychology; (Personal) Interior Decorating and Design.

**2003-2004 INTERNSHIP CLASS AND UNIVERSITY**

***Trent E. Baker*** – Psy.D. Candidate, Clinical Psychology, 2004, Nova Southeastern University (Ft. Lauderdale, FL); M.S., in Clinical Psychology 2001, Nova Southeastern University; B. S. in Psychology, 1999, Lamar University (Beaumont, TX);

***Suzanne M. Carroll*** – Ph.D. Candidate, Clinical Psychology, 2004, Fordham University (Bronx, NY); M.A. in Clinical Psychology, 2000, Fordham University; B.A. in Psychology, 1998, Boston College, Chestnut Hill, MA.

***Nya Ittai*** – Ph.D. Candidate, Clinical Psychology, 2004, St. John’s University (Jamaica, NY); M.A. in Clinical Psychology, 2001, St. John’s University; B.S. in Psychology, 1990, McGill University (Montreal, Quebec).

***April S. Lionett*** – Psy.D. Candidate, Clinical Psychology, 2004, University of Hartford (Hartford, CT); M.A. in Clinical Practices in Psychology, 2003, University of Hartford; B.S. in Psychology, 1997, Trinity College (Hartford, CT).

***Aimee L. Perera*** – Psy.D. Candidate, Clinical Psychology, 2004, Nova Southeastern University (Ft. Lauderdale, FL) M.S. in Clinical Psychology, 2001, Nova Southeastern University; B.A. in Psychology, 1998, Florida International University (Miami, FL).

***La Toya Shakes Malone*** – Ph.D. Candidate, Counseling Psychology, 2004, Boston College (Chestnut Hill, MA); M.A. in Counseling Psychology, 1999, Boston College; B.S. in Psychology, 1996, Syracuse University (Syracuse, NY).

**2002-2003 INTERNSHIP CLASS AND UNIVERSITY**

***Anna Fernandez*** – Psy.D. Candidate, Clinical Psychology, 2003, Nova Southeastern University (Ft. Lauderdale, FL); M.S. in Clinical Psychology, 2000, Nova Southeastern University; B. A. in Psychology (Minor in Business), 1998, Florida International University (Miami, FL).

***Oron Gan*** - Psy.D. Candidate, Clinical Psychology, 2003, The George Washington University (Washington, D.C.); B.A. in Psychology and in Theatre Performance, 1998, The University of Haifa (Haifa, Israel).

***Kayla Hochman*** - Psy.D. Candidate, Clinical Psychology, 2003, Nova Southeastern University (Ft. Lauderdale, FL); M.S. in Clinical Psychology, 1999, Nova Southeastern University; M.S. in Education, 1995, Long Island University (Brookville, NY); B. S. in Psychology, 1991, Muhlenberg College (Allentown, PA).

***Jennifer Levine*** - Ph.D. Candidate, Clinical Psychology, 2003, Nova Southeastern University (Ft. Lauderdale, FL); M.S. in Clinical Psychology, 2000, Nova Southeastern University; B. S. in Psychology (Minors in English Literature and in Biology), 1998, University of Miami (Coral Gables, FL).

***Gary Soley*** - Psy.D. Candidate, Clinical Psychology, 2003, Chicago School of Professional Psychology (Chicago, IL); M.A. in Clinical Psychology, 2001, Chicago School of Professional Psychology; M.S. in Clinical and Rehabilitation Psychology, 2000, Illinois Institute of Psychology at the Illinois Institute of Technology (Chicago, IL); B. A. in Psychology, 1996, University of Illinois at Chicago (Chicago, IL).

***Kimberly Testa*** – Psy.D. Candidate, Clinical Psychology, 2003, Arizona School of Professional Psychology (Phoenix, AZ); M.A. in Clinical Psychology, 2000, Arizona School of Professional Psychology; B. A. in Psychology, 1997, Jamestown College (Jamestown, ND).

**DEPARTMENT OF HUMAN SERVICES  
OFFICE OF YOUTH AND FAMILY DEVELOPMENT  
PSYCHOLOGICAL SERVICES DIVISION**

**PSYCHOLOGY INTERN EVALUATION FORM**

Name of Intern \_\_\_\_\_ Date \_\_\_\_\_

Training Period: From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor/Rater \_\_\_\_\_ Site \_\_\_\_\_

Use the five-point scale below to rate the trainee's level of performance at this point of internship  
Provide the rationale in the section for comments.

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5=Outstanding 4=Exceeds Requirements 3=Satisfactory 2=Improvement Desired 1=Unsatisfactory

**Relationship Competencies**

- A. Demonstrates ongoing and consistent integrity and honesty in his/her communications and behaviors with clients, colleagues, and staff. Follows through on agreements and commitments made with colleagues and staff.

5                      4                      3                      2                      1                      N/A

- B. Establishes and maintains rapport with clients while maintaining appropriate boundaries. Demonstrates empathy and unconditional positive regard without loss of perspective and objectivity.

5                      4                      3                      2                      1                      N/A

- C. Demonstrates willingness and motivation to discuss and address in supervision any problems related to client-therapist relationships.

5                      4                      3                      2                      1                      N/A

- D. Demonstrates consistent effort to work cooperatively and communicatively with other professionals and is willing to address in supervision any difficulties regarding cooperation with other staff.

5                      4                      3                      2                      1                      N/A

- E. Demonstrates appropriate dependent-independent balance in his/her relationship to supervisor.

5	4	3	2	1	N/A
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F. Demonstrates ability to work within a multi-disciplinary context and adaptability to different supervisory styles.

5	4	3	2	1	N/A
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G. Demonstrates ability to work effectively with clients, other professionals, and supervisors of diverse ethnic backgrounds. Demonstrates interest to learn about individuals from diverse cultural and socio-economic backgrounds through reading materials, discussing related issues in supervision, and attending training on cultural and ethnic diversity.

5	4	3	2	1	N/A
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H. Accepts clients without critical or evaluative attitude and demonstrates respect for their defenses.

5	4	3	2	1	N/A
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### COMMENTS:

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### Assessment Competencies

A. Performs quantity of comprehensive psychological assessments, which would allow for completing six evaluations over the internship year.

5	4	3	2	1	N/A
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B. Demonstrates knowledge and competence in administering, scoring, and interpreting psychological tests consistent with level of training.

5	4	3	2	1	N/A
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C. Demonstrates effort to ameliorate deficiencies in psychological testing knowledge and/or skills through further study and practice as necessary.

5	4	3	2	1	N/A
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D. Demonstrates competence in gathering relevant and necessary clinical data in the course of psychological testing as evidenced by the formulation of diagnostic questions in the clinical interview as well as utilizing other data gathering techniques.

5	4	3	2	1	N/A
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- E. Demonstrates competence in using accurate theoretical knowledge and psychological research knowledge base to make inferences regarding diagnosis, treatment, and prognosis. Intern applies this knowledge in case conceptualization and diagnostic formulations presented in supervision and in written reports as well as in-service training and case presentations.

5                      4                      3                      2                      1                      N/A

- F. Demonstrates knowledge and competence in report writing. Intern writes evaluative reports in a well-organized manner with language appropriate for the intended reader and with well-integrated assumptions based on test data.

5                      4                      3                      2                      1                      N/A

- G. Demonstrates competence in providing verbal feedback to clients and professionals. Intern explains findings with clarity and precision to colleagues in the work milieu and in feedback conferences conducted with guardians/parents and representatives of community agencies.

5                      4                      3                      2                      1                      N/A

**COMMENTS:**

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**Intervention Competencies**

- A. Demonstrates knowledge and skill in selecting appropriate empirically validated psychotherapeutic interventions with children and their families as presented in treatment plans, treatment plans reviews, and establishment of behavioral goals.

5                      4                      3                      2                      1                      N/A

- B. Demonstrates ability to implement appropriate and relevant empirically validated interventions in individual, group, and family psychotherapy.

5                      4                      3                      2                      1                      N/A

- C. Demonstrates ability and competence in formulating discharge plans. Recommendations and/or referrals are appropriate to the client's therapeutic history as it relates to his/her individual goals and objectives.

5                      4                      3                      2                      1                      N/A



- D. Demonstrates knowledge and competence in case management. Coordinates community resources to serve the needs of the clients and their families. Efforts and success at fulfilling the needs of clients go beyond the boundaries of the therapy session.

5                      4                      3                      2                      1                      N/A

**COMMENTS:**

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**Records Management Competencies**

- A. Completes clinical and administrative documentation and county and state required records in an accurate and timely fashion.

5                      4                      3                      2                      1                      N/A

- B. Demonstrates effort in attending workshops and training related to record keeping policies and procedures for mental health providers.

5                      4                      3                      2                      1                      N/A

- C. Generates critical incidents report as well as reports of client progress when required by other agencies in an accurate and timely manner.

5                      4                      3                      2                      1                      N/A

**COMMENTS:**

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**Consultation Competencies**

- A. Demonstrates competence in providing psychological consultation to colleagues, including “supervision” of practicum students, consultation with members of other disciplines and with consumers of services as evidenced by feedback from colleagues and observations of the intern’s consultation skills in the workplace.

5	4	3	2	1	N/A
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- B. Demonstrates knowledge and skills in providing training to other professionals on subjects relevant to the nature of the work of the professionals. Demonstrates ability to identify and verbalize central issues, using the latest research findings, with ease and clarity and in a language appropriate to the audience.

5	4	3	2	1	N/A
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**COMMENTS:**

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**Professional Development as a Psychologist Competencies**

- A. Demonstrates knowledge of an adherence to current APA Ethical Principles of Psychologists and Code of Conduct (competence, integrity, responsibility, respect for rights and dignity, and concern for other's welfare).

5	4	3	2	1	N/A
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- B. Demonstrates professional responsibility in areas of confidentiality, knowledge of relevant state and federal statutes, and duty to protect. Follows appropriate procedures, completes assignments, is punctual for appointments, uses appropriate dress code, respects the facility, and engenders respect from colleagues and staff members.

5	4	3	2	1	N/A
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- C. Demonstrates ongoing effort to increase level of knowledge relevant to professional practice in psychology as evidenced by curiosity and interest conveyed in supervision and in didactic meetings. Demonstrates receptiveness to diverse experiences and challenges, assumes responsibilities and takes advantage of learning opportunities that go beyond the minimum required.

5	4	3	2	1	N/A
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**COMMENTS:**

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**INTERN COMMENTS:**

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<b>Supervisor’s Signature/Print Name</b>	<b>Date</b>
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<b>Intern’s Signature/Print Name</b>	<b>Date</b>
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(For final evaluation only)

Pass\_\_\_\_\_ Fail\_\_\_\_\_